

## DECLARATION COMBINED WITH POWER OF ATTORNEY

Page 1 of 2

Attorney Docket No. 8473MRL

As a below named inventor, I hereby declare that:

My residence, mailing address and citizenship are as stated below next to my name.

I believe I am the original and first inventor or inventors of the subject matter which is claimed and for which a patent is sought on the invention entitled The Use Of Non-Digestible Polymeric Foams To Sequester Ingested Materials Thereby Inhibiting Their Absorption By The Body  
 the specification of which

(check one)

☒ ☐

is attached hereto.

was filed on \_\_\_\_\_ as United States Application No. or  
 PCT International Application No. \_\_\_\_\_  
 and was amended on \_\_\_\_\_

(if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)Priority Claimed

(Number)

(Country)

(Day/Month/Year Filed)

☒ ☐  
Yes No

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

60/277,058

3/19/2001

Application Serial No.

Filing Date

Application Serial No.

Filing Date

I hereby claim the benefit under 35 U.S.C. §120 of any United States application(s), or §365(c) of any PCT International application designating the United States of America, listed below:

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (If applicable)
10/083,218		2/26/2002	

As named inventor, I hereby appoint the registered practitioners associated with customer number 27752 to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

SEND CORRESPONDENCE TO: Customer Number 27752

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor Bryn (NMN) Hird

Inventor's signature Bryn Hird Date September 20, 2002

Residence 8519 Eagle Creek, Cincinnati, OH 45247

Citizenship Great Britain

Mailing Address 8519 Eagle Creek, Cincinnati, OH 45247

Full name of second inventor, if any Ronald James Jandacek

Inventor's signature \_\_\_\_\_ Date \_\_\_\_\_

Residence 8476 Hollyhock Drive, Cincinnati, OH 45231

Citizenship US

Mailing Address 8476 Hollyhock Drive, Cincinnati, OH 45231

Full name of third inventor, if any \_\_\_\_\_

Inventor's signature \_\_\_\_\_ Date \_\_\_\_\_

Residence \_\_\_\_\_

Citizenship \_\_\_\_\_

Mailing Address \_\_\_\_\_

Full name of fourth inventor, if any \_\_\_\_\_

Inventor's signature \_\_\_\_\_ Date \_\_\_\_\_

Residence \_\_\_\_\_

Citizenship \_\_\_\_\_

Mailing Address \_\_\_\_\_

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\_\_\_\_\_ Date

Residence \_\_\_\_\_

Citizenship \_\_\_\_\_

Mailing Address \_\_\_\_\_

Full name of fourth inventor, if any \_\_\_\_\_

Inventor's signature \_\_\_\_\_

\_\_\_\_\_ Date

Residence \_\_\_\_\_

Citizenship \_\_\_\_\_

Mailing Address \_\_\_\_\_